

Consent to Transition to Confidential Testing

Client initials

_____ I have been informed of the differences between anonymous and confidential HIV testing. I understand that reactive HIV test results will be forwarded using a non-names code to the California Department of Health for record-keeping purposes.

_____ I hereby give my permission to transition my testing status from anonymous to confidential.

By my signature below, I acknowledge that I have been given information concerning anonymous vs. confidential testing, and have had a chance to ask questions which were answered to my satisfaction.

_____ Date

_____ Signature

_____ Last 4 digits SS #

_____ Printed Name

Client initials**Contact Information**

_____ In the event that I miss my follow-up appointment, I consent to be contacted by _____ to reschedule my missed appointment.
(agency representative)

_____ Address		
_____ City	_____ State	_____ ZIP Code
_____ Home phone	_____ Alternate phone	
Additional contact instructions: _____		